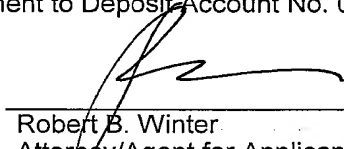
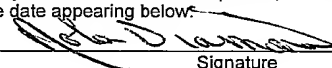


FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-378CIP2C3	
Serial No. 09/718,725		Filing Date November 22, 2000		Examiner DeBerry, Regina M.	
				Group Art Unit 1647	
In Re Application of BOYLE et al.					
For Osteoprotegerin					
TO THE COMMISSIONER FOR PATENTS:					
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00) 					
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 					
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.					
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:					
CLAIMS AS AMENDED					
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate
Total Claims	32	Minus	64 =	0	x \$52
Indep. Claims	3	Minus	11 =	0	x \$220
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390
Total Additional Fee for this Amendment					\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p>					
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ 					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$130.00. A duplicate copy of this petition is attached.					
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.					
Please Send Future Correspondence To:					
21069 U.S. Patent Operations/RBW Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA			 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: May 6, 2009		

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being electronically transmitted to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below:

5/6/09
Date


Signature

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: A-378CIP2C3

Serial No.
09/718,725Filing Date
November 22, 2000Examiner
DeBerry, Regina M.Group Art Unit
1647

In Re Application of BOYLE et al.

For Osteoprotegerin

TO THE COMMISSIONER FOR PATENTS:

- ☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- ☒ One month of original due date (\$130.00)
 - ☐ Two months of original due date (\$490.00)
 - ☐ Three months of original due date (\$1,110.00)
 - ☐ Four months of original due date (\$1,730.00)
 - ☐ Five months of original due date (\$2,350.00)
- ☒ A response in connection with the matter for which this extension is requested:
- ☒ is filed herewith.
 - ☐ has been filed.
 - ☐ The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- ☒ The accompanying papers include amended claims for which no additional fee is required.
- ☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	32	Minus	64	= 0	x \$52	= \$ 0.00
Indep. Claims	3	Minus	11	= 0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390	= \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

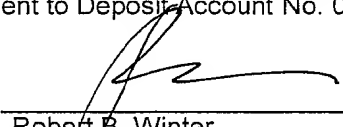
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.☐ Other: _____☒ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$130.00. A duplicate copy of this petition is attached.☒ If an additional extension of time is required, please consider this a request therefore.☒ The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

21069

U.S. Patent Operations/RBW
 Dept. 4300, M/S 28-2-C
 AMGEN INC.
 One Amgen Center Drive
 Thousand Oaks, California 91320-1799, USA


 Robert B. Winter
 Attorney/Agent for Applicant(s)
 Registration No.: 34,458
 Phone: (805) 447-2425
 Date: May 6, 2009

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being electronically transmitted to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below:

Date

Signature